

Ventura County Area Agency on Aging
 Senior Nutrition Program HOME DELIVERED Meals (C2) - Client Intake Form FY 2014-2015

CONFIDENTIAL

TO RECEIVE HOME DELIVERED MEALS: Person must be aged 60 or older, homebound due to illness or disability, unable to prepare his/her own meals, unable to drive and unable to attend a congregate meal site if transportation were provided. There is no charge for meals, however, donations are accepted. A person will not be denied services if he/she chooses not to donate. **INFORMATION IS KEPT STRICTLY CONFIDENTIAL.**

PLEASE PRINT OR TYPE

DATE:

LAST NAME:

FIRST NAME: *(No nicknames)*

APPLICANT ELIGIBILITY

YES NO

NOTE:

Is applicant homebound due to illness or disability?*

YES NO

* If answer is NO, stop here, applicant is not eligible for home delivered meals.

Is applicant 60 or older, and/or the spouse/full-time caregiver of an eligible senior?*

YES NO

** If answer is YES, stop here; applicant is not eligible for home delivered meals.

Is applicant able to prepare meals? **

YES NO

Does applicant drive? **

YES NO

Can applicant attend a congregate meal site if transportation is provided? **

YES NO

Street Address:

Phone:

City:

ZIP: *(Required)*

Birth Date: *(Required)*

Gender:

Female Male Other Declined to State

MARITAL STATUS:

Divorced Domestic Partner Married Separated Single Widowed Declined to State

RACE - PLEASE CHOOSE (✓) ONE:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Multiple Race
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> OTHER RACE – Includes Hispanic /Latino
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Declined to State	<input type="checkbox"/> Laotian	<input type="checkbox"/> White

ETHNICITY – CHOOSE ONE:

Not Hispanic/Latino
 Hispanic/Latino

CLIENT LIVES:

Alone
 Not Alone

Number of Persons in Client Household:

Preferred Language if Other than English:

APPLICANT'S INCOME LEVEL (approximate):

IF MARRIED:

At or below Federal Poverty Level
(At or below \$15,930/yr. for 2015)
 Above Federal Poverty Level
(At or above \$15,931/yr. for 2015)
 Declined to State

IF SINGLE:

At or below Federal Poverty Level
(At or below \$11,770/yr. for 2015)
 Above Federal Poverty Level
(At or above \$11,771/yr. for 2015)
 Declined to State

LOCAL EMERGENCY CONTACT

NAME AND PHONE:

ABOUT THE APPLICANT:

YES NO

COMMENTS:

Any dietary restrictions? (If yes, explain)

A working refrigerator?

Freezer space to store five (5) frozen meals?

A working oven/microwave?

Physically and mentally able to reheat a meal?

Interested in weekend meals, if available?

Applicant is: Blind
 Deaf

Applicant uses: Walker
 Cane

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NUTRITIONAL ASSESSMENT OF APPLICANT:		IF YES, CIRCLE
Has an illness or condition that changes the amount of food eaten?		2
Eats fewer than 2 meals per day?		3
Eats fewer than 2 daily servings of each of the following food groups: fruits, vegetables, milk?		2
Has three or more drinks of beer, liquor or wine almost every day?		2
Has tooth or mouth problems that make it hard to eat?		2
Does not always have enough money to buy the food that is needed?		4
Eats alone most of the time?		1
Takes 3 or more different prescribed or over-the-counter drugs a day?		1
Without wanting to, has lost or gained 10 pounds in the past 6 months?		2
Is not always physically able to shop, cook, and/or feed self?		2
(If equal to or greater than 6, the client is at high nutritional risk→)		Total Score:

CALIFORNIA ACTIVITIES (ADLS) & INSTRUMENTAL ACTIVITIES (IADLS) OF DAILY LIVING (ADL'S)

→ PLEASE CHECK (✓) ONE OF THE COLUMNS FOR EACH ACTIVITY ←

	TYPE OF ASSISTANCE NEEDED TO PERFORM TASK →	1 - INDEPENDENT Needs No Help	2- VERBAL QUE Needs verbal reminders	3 - STAND BY Needs some human help	4 - HANDS ON Needs lots of human help	5 - DEPENDENT Cannot perform task	Declined to State
A D L S	Eating						
	Dressing						
	Transferring						
	Bathing						
	Toileting						
	Grooming-OPTIONAL						
	Walking						
I A D L S	Light Housework						
	Doing Laundry-OPTIONAL						
	Shopping/Errands						
	Meal Prep/Cleanup						
	Transportation						
	Using Telephone						
	Managing Medications						
	Managing Money						
	Stair Climbing-OPTIONAL						
	Heavy Housework						

I certify that all statements on this form are true and correct.

Applicant's Signature